

2020 CIT Application								
Name:				Date:				
Address:		- City:		Zip:		_		
Phone		Cell:				_		
Email:								
School:		_		Birthday:				
Grade:		_				=		
Site Preference (at Lo	- os Altos Recreation Dep	artment Staff discret	tion) Please nur	nber the site by pre	ference.			
	MORNING			AFTERNO	ON			
	8:50am - 12:10pm			12:50 - 4:10)pm			
	Camp Shoup (Shoup P	ark, 7-11 yrs)		Camp Shoup (Shoup Park, 5-6 yrs)				
	Redwood Grove (3.5-6		Redwood Grove (7-11 yrs)					
	Camp Jelly Bean (San .	•	rs)		•	, ,		
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How many weeks wo	uld you like to attend?					<u>'</u>		
Which weeks are you	ı available? Please num	ber the weeks below	by preference.					
Week 1	June 22 - June 26		Week 5	July 20 - J	uly 24			
Week 2	June 29- July 3		Week 6	July 27 - J	uly 31			
Week 3	July 6 - July 10		Week 7	August 3	- August 7			
Week 4	July 13 - July 17		ſ	Price per week	Residents All Others	\$125 \$148		
Which mandatory tra	iining session can you a	ttend? Please circle	at least 1.		All Others	7140		
	Saturday, June 13		•	Saturday, June 20				
		9am-12:30pm						
Please answer on a se	eparate page:							
1)	Why do you want to be a Counselor in Training for the City of Los Altos?							
2)	Do you have any experience working with children (ages 3.5-11)?							
3)	Describe your extra-curricular activities (clubs, organizations, sports) and any leadership positions you have held.							
4)	What do you think makes you most qualified to be a CIT?							
5)	Which age group and camp would you like to work with and why?							

Office Use Only	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	
Number of weeks								
Date of Payment								
Receipt #								